



**INSTRUCTIONS TO PARENTS: Medication may be given by selected staff members only with your physician's signature.**  
(1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.  
(2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medical Condition(s) \_\_\_\_\_  
\_\_\_\_\_

Medications currently being taken by your child  
\_\_\_\_\_

Date of your child's last tetanus shot \_\_\_\_\_

Allergies/Reactions  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY MEDICAL INSTRUCTIONS**

(1) Signs/Symptoms to look for \_\_\_\_\_  
\_\_\_\_\_

(2) If signs/symptoms appear, do this \_\_\_\_\_  
\_\_\_\_\_

(3) To prevent incidents  
\_\_\_\_\_  
\_\_\_\_\_

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**OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note to Health Practitioner:**  
If you have reviewed the above information, please complete the following:

\_\_\_\_\_  
Name of Health Practitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Health Practitioner

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number